## **HDFC Bank Investment Services Account**

Application No.:

HDFC	ВА	NK
We understan	d your	world

I/We request you to open an investment services account to transact in Mutual Funds and link the same to the existing / new Bank account mentioned below: (The holding pattern of Investment Service Account should be similar to the Bank Holding pattern and cannot be changed later)

Name of the bank account holder																								
1st / sole holder																								
2nd holder																								
3rd holder																								
Guardian Name (in case the first Applicant is a Minor)																								
Karta Name (in case the first Applicant is a HUF)																								
			PA	N No	*												Cus	st ID	*					
1st / sole holder																								
2nd holder																								
3rd holder																								
Guardian																								
Karta																								
Email Id*:																								
(The product offering covers, product information, research reports / statement (if any) which would be sent regularly to this ID)																								
Contact Number*: (R)								(O)												(Mc	obile)			
HDFC Bank Account Nu	mber (ir	n case	of exis	ting c	custor	mer):																		
AOF Application Number	r (in cas	se of ne	ew acc	ount)																				
Nomination : I/We													do	here	eby n	omir	nate	the p	ersc	n on	the			day of
																			in r	espe	ct of	units	held by me/ us.	
Name and Address of Nominee																								
Date of Birth (in case no	minee is	s a mir	nor)								Rela	tionsl	hip wi	th Ap	plica	ant:								
Date of Birth (in case nominee is a minor)  Relationship with Applicant:  Declaration  If We have read and understood the Terms and Conditions (a copy of which is in my/ our possession) applicable to Investment Services Account. If We agree to abide by the same. If We declare that the particulars given above are true to the best of my/ our knowledge as on the date making such applications. If We undertake to inform, in writing, of any change in the particulars furnished above. If We further agree that any false misleading information given by mer us or suppression of any material fact will render my/ our account liable for termination. If We declare that all the details in my/ our relationship record are true and correct and any instruction given to you to transact business on my/ our behalf shall be in due conformity with the applicable laws as may for the time being be in force. Any tax implication arising out of any transactions enter in to pursuant to these terms and conditions would be as per the provisions of the Income Tax Act, 1961, or any modification or re-enactment thereof. If We agree and declare that any and all tax liability will be my/ our sole responsibility. If We shall resecute and deliver to the Bank, for time to time such other documents as may be specified by the Bank for compliance or updating of records if any. If We have read and understand the terms and conditions applicable to the bank services succount and agreed to be bound by the said terms and condition and including those excluding/limiting your Liability. If We specified by the Bank for compliance or updating of records if any. If We have read and understand the terms and conditions applicable to the bank services account and is understand the terms and conditions applicable to the bank services account.  If We agree to pay the quarterly maintenance charge for Investment Services Account.  If We agree to pay the quarterly maintenance charge for Investment Services Account.  If We authorize HDFC Bank Ltd to link the above mentione																								
Signature of the							Signature of the														Signature of the			

Signature of the Sole/ first Bank account holder

Signature of the Second Bank account holder

Signature of the Third Bank account holder

Fo	r Office (	use																						
Sig	gnature V	erified	Yes		Banl	(Accoun	nt E/S A	Account	OR Sin	gle	Yes		Custome	r Details	Verifie	ed	Yes							
Ne	et Banking	g / Phor	ne Banking Activa	ted	Yes	(Applic	ation f	or Net B	Banking/	Phone	Banking	g to be	e signed by the First	holder)										
R۱	/I Name						F	RM Sign	ature					RM Er	nploye	ee Cod	е							
	Primary	RM Na	me:										Primary RM CAMS	Code:										
	Shadow	RM Na	me:										Shadow RM CAMS	Code:										
	Branch N	Name:											Branch Code:											
	LC Code	e (For u	se by Coex only):										Date of form filling:											
Ιh	ereby cor	nfirm th	at all the documer	nts have	been	seen and	d verifi	ed with	originals	<b>3</b> .														
R۱	/I Name						F	RM Sign	ature					RM Er	nploye	ee Cod	е							
ΒN	/I Name						E	3M Sign	ature					BM Er	nploye	ee Cod	е							
(To	be verifi	ed eithe	er by RM/ BM or F	BG Adv	visor)																			
Г																								
		CHECKLIST													HER									
	1	Ensure	that NAME	/ PAN N	10 / CL	IST ID o	of all the	e applica	ants are	mentio	ned.													
	2	In case	first applicant is I	MINOR -	N <i>A</i>	ME/ PA	N NO	/ CUST	<b>ID</b> of G	aurdian	is ment	ioned												
	3	In case	applicant is <b>HUF</b>	NA	ME/ P	AN NO /	CUST	<b>ID</b> of K	arta is r	nention	ed													
	4	HDFC	Bank A/c. No is m	entione	d I	n case o	of existi	ing Banl	k Custoi	mers														
	5	Signat	ure of all Bank Ac	count H	older p	resent o	on the f	orm																
	6	Signatu	res Verified	Tick in B	ox – Y	ES/NO																		
	7	Custon	ner Details Verified	iT b	ck in B	ox – YES	S/NO																	
	8	RM Na	me/ RM Signatur	e/ RM E	MP C	ode is pr	resent	on the fo	orm															
	9	Primar	y RM CODE/ Sha	dow RI	M COD	E (in cas	se of s	hadow o	credit) is	mentio	oned													
	10	Branch	Name/ Branch C	ode of th	ne RM	is mentio	oned																	
	11	Any alt	eration on the forr	n is cou	ntersig	ned by a	all the a	applican	ts															
	12 Email ID & Contact Numbers of the Customers is mentioned																							
	13	Applica	tion for Net banki	ng / Pho	ne bar	nking to b	be sigr	ned by th	he <b>First</b>	holder	( if not i	regist	ered)											
	14	CVL Pr	int out of KYC ver	ification	is atta	ched wit	th ISA	form wit	h prope	r attesti	on													
	15 Debit Mandate attached																							

<sup>(</sup>i) The ISA account Holding pattern has to be lines with the Bank account Holding pattern. For example, For Bank Account with the A, B & C as holders the ISA Holding patterns can be (i) A, B & C.... (ii) A & B..... (iii) A & C only. The holding pattern once registered cannot be changed in future.

<sup>(</sup>ii) KYC certification for all the holders of the ISA account is mandatory. Pls attach the KYC certification copies or duly filled KYC application froms for all the proposed holders.

### **CLIENT RISK PROFILE AND SUITABILITY FORM**

(For Offline Mutual Fund transactions )

Custo	mer ID			:				At	ttach Barcod	e stick	er (FTS)->	
Custo	mer Nar	ne		: 1s	t Holder			,			. ,	
					Holder							
Dank	A	Neumbau		3 <sup>rd</sup>	Holder							
Pan N		Number		:								
		ROFILE QUE	STIONNAIF									
		-			10%? (Plea:	se tick on any o	ne option)					
9	Sell Off		H	old On		Buy More	:					
					1							
2. Wh	at shall	be your pric	ority for inv	estments?	(Please tic	k on any one or	otion)					
Prese	rve Mon	ey	Grov	v Money		Maximise Mo	ney					
					1	l.						
Your I	Risk Prof	file is			(Plea	se turn Overlea	f to identi	fy the sai	me)			
	osum \ S	-				1		1				
Sr No		We would	like to inve	st in the fo	llowing	Plan/Option	Investme		ecommended	/ t	Product	Permissible
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2												
3												
(Swite	ch)								•			<del></del>
Sr		would like t	o Switch	Plan/	1	uld like to	Plan/	Switch			duct Risk	Permissible
No	from			Option	Switch in	1	Option	Amt	Units	Rati	ng	Risk Rating
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2												
3												
	aration:						_				_	
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	any one)		iuliu aliu o	tilei sugge	stions men	tioned overlear	i/ we com	IIIII LIIAL	•			
			te for My/0	Our risk pro	ofile (Perm	issible Risk Rati	ng >= Prod	uct Risk I	Rating)			
L Th						t I would like to	still inves	t on "exe	cution only	basis"		
	•	rmissible R	U		•	OR not part of curr	ont Bosom	mandad	list of UDEC	Pank\		
	NO	Product Kis	sk natilig as	signeu as i	ine iunu is	not part of curr	ent Recom	menueu	וואנ טו חטרכ	Daliki		
1s	t/Sole H	olders Signa	ature			2 <sup>nd</sup> Holders Sign	nature			3 <sup>rd</sup> Hol	ders Signat	ture
						(For Bank Use	Only)					
						(FOI BUILT OSC	Omy,					
Signat	ture Ver	ified: 🔲	Bank Acc	ount E/S A	ccount or S	ingle: C	ustomer D	etails Ve	rified:			
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is the	client Ri	isk profile m	natching wi	tn the Inve	estment (Ye	es / No)						
RM N	ame:					RM Signa	ature			R	RM Emp Co	de
(Only	AMFI ce	rtified RMs	with valid	EUIN can f	ill the same					_		·-
∆nnli/	cation Pa	eceipt Date:	DD /MM/	γγγγ				Time	of Receipt: I	н/м	м	
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Prima	ry RM N	ame						Primar	ry RM CamsC	ode		
Shado	ow RM N	lame	1					Shado	w RM CamsC	ode		
	h Name							Branch				
1			1					1				

Any offline transaction done without submission of this form to TPP Operations shall be highlighted as an exception

#### **INSTRUCTIONS**

- 1. This form needs to be filled up to complete the client profiling and suitability as required by SEBI guidelines.
- 2. This form should not to be submitted to the AMC.
- 3. To identify customer's Risk Profile basis the response to questionnaire use below table:

Action	Priority	Risk Profile
Sell Off	Preserve money	Conservative
Sell Off	Grow Money	Conservative
Sell Off	Maximise Money	Moderate
Hold On	Preserve money	Conservative
Hold On	Grow Money	Moderate
Hold On	Maximise Money	Aggressive
Buy More	Preserve money	Moderate
Buy More	Grow Money	Aggressive
Buy More	Maximise Money	Aggressive

### 4. Product Risk Rating and Recommendations

	Scoring of Recommended Funds	SEBI Riskometer												
		Low Risk	Low to Moderate Risk	Moderate Risk	Moderately High Risk	High Risk	Very High Risk							
	Overnight funds	1	2	3	4	5	6							
	Liquid funds	1	2	3	4	5	6							
3	Ultra Short duration		2	3	4	5	6							
	Low duration		2	3	4	5	6							
5	Money market		2	3	4	5	6							
6	Floater fund		2	3	4	5	6							
7	Short duration		2	3	4	5	6							
8	Banking & PSU fund		2	3	4	5	6							
9	Arbritage fund		2	3	4	5	6							
10	Medium duration fund			3	4	5	6							
11	Medium to Long duration fund			3	4	5	6							
12	Long duration fund			3	4	5	6							
13	Dynamic Bond			3	4	5	6							
14	Gilt funds			3	4	5	6							
15	FMP's			3	4	5	6							
16	Corporate Bond fund			3	4	5	6							
17	Conservative Hybrid fund			3	4	5	6							
18	Aggressive Hybrid fund				4	5	6							
19	Gilt with 10 year constant duration				4	5	6							
20	Dynamic Asset Allocation or Balanced Advantage fund				4	5	6							
21	Equity Savings fund				4	5	6							
22	Multi-Asset Allocation				4	5	6							
23	Index funds				4	5	6							
24	Large cap funds				4	5	6							
25	Gold funds				4	5	6							
	ELSS				4	5	6							
27	Multi Cap funds					5	6							
28	Dividend Yield funds					5	6							
29	Large & Mid cap funds					5	6							
30	Value & Contra fund					5	6							
31	Focussed funds					5	6							
	Credit Risk funds						6							
33	Mid cap funds						6							
	Small Cap funds					1	6							
	Sectoral/Thematic funds						6							
	FOF- Overseas funds						6							

			Asset Allocation	•		
Client Profile	Permissible Fund	Debt	Equity	Gold		
	Score				Other Conditions	Suitability
<u>Conservative</u>	Upto 4	70%	25%	5%	Non Recommended Funds	Not suitable
W.L.	11.0.5	400/	FFO	F0/	Closed Ended funds / FMPs	Upto 15% of client portfolio
<u>Moderate</u>	Upto 5	40%	55%	5%	<u>Single Fund exposure</u>	Upto 10% of client portfolio
<u>Aggressive</u>	All	20%	75%	5%	Single AMC exposure	Upto 25% of client portfolio



# **COMMON APPLICATION FORM**

Appl. CA

Date: DD / MM / YYYY

	ARN - 0005	Sub-Broker's ARN	Sub-Broker's Code	EUIN					
Kotal	entioning RIA/PMS code, I/ We authorize you to share w k Mahindra Mutual Fund. Declaration for "Execution-only hereby confirm that the EUIN box has been intentionally left blank n of the above distributor/sub broker or notwithstanding the advice of	" transactions (only where EUIN by me/us as this transaction is execute	l box is left blank) ed without any interaction or advice by the	emplovee/relationship manager/sales					
SIGNATURE(S)									
IGNA	Sole / First Applicant	Second Applicant (To be signed by <b>All Applicants)</b>	Th	nird Applicant					
TRANSAG form" fo	CTION CHARGES for Applications routed through distribur r details) nmission shall be paid directly by the investor to the AMFI registered distr	tor/agents only (Kindly refer Tra							
Existing Unitholder Information (Section I)	If you have, at any time, invested in any Scheme of Kotak Mahindr and PAN details below and proceed to Section Investment Details.			·					
_ 2 ₹ S	Name of Sole / First Applicant:	PAN NO.:	F	folio No.:					
	Name of Sole/ First Applicant:			^ Name shall be as per PAN card.					
	PAN/ Date of Incorpo		Y Y CKYC:						
	Gross Annual Income Details in INR (please tick): O < 1		10 - 25 lac O 25 lac - 1 cr O 1 cr - 5	5 cr O 5 cr - 10 cr O > 10 cr					
		worth as on (date) DD / MM /		hould not be older than 1 year)					
	Please tick, if applicable, O Politically Exposed Person (PEP)								
ory)	O Public Sector/ O Pro	isiness O Retired Ofessional O Housewife Oficulturist O Business	O Professional O Forex De O Agriculturist O Other_O Student (Please spe						
/andate	Status of Applicant O Resident Individual O Proprietorship	O Mutual Fund	O PF/ Gratuity/ Pension/ O Fc	oreign Institutional Investor					
tion (>	O NRI on Repatriation Basis (NRE) O NRI on Non-Repatriation Basis (NRO) O Partnership Firm O Private Limited Compar	O Mutual Fund FOF Scheme O Body Corporate	O Superannuation Fund O O O Trust O O	n behalf of Minor ther					
ormat I)	O HUF O Public Limited Compan	y O Registered Society	O AOP/ BOI	(Please specify)					
al Inf	LEI Number (Legal Entity Identifier) – For Non individuals only:		Valid till						
erson (Sec	Name of Second Applicant:			^ Name shall be as per PAN card.					
ant's F	PAN/ Date of Incorpo		Y Y CKYC:						
New Applicant's Personal Information (Mandatory) (Section II)	Gross Annual Income Details in INR (please tick): O < 1								
New	Please tick, if applicable, O Politically Exposed Person (PEP)	worth as on (date) DD / MM /  YES DO O Related to a Po		hould not be older than 1 year) t applicable					
	Name of Third Applicant:			^ Name shall be as per PAN card.					
	PAN/ PEKRN: Date of Incorpo		Y Y CKYC:						
	Gross Annual Income Details in INR (please tick): O < 1		10 - 25 lac O 25 lac - 1 cr O 1 cr - 5	5 cr O 5 cr - 10 cr O > 10 cr					
		worth as on (date) DD / MM /		hould not be older than 1 year)					
	Please tick, if applicable, O <b>Politically Exposed Person (PEP)</b> *Ideclare that the information is to the best of myknowledge and belief, accurate and comp								
		· ·	Outrivia iii iara-ascevia iagemenees. Eta immediately ind	ase there sany change in the above information.					
(Section III)	Mode of Operation - Where there is more than one applicant (PO First Applicant only O Anyone or Survivor O		vivor, in case of more than one applicant)						
tact n- icant	. Name .	PAN Counti	ry of Birth Nationality	Tax Reference Number (for NRI)					
/ Con if No I Appl ion IV	Gross Annual Income Details in INR (please tick): O < 1 lac or Net-worth as on (date) DD / MM/ / WWY Rs.	O 1 - 5 lac O 5 - 10 lac O (should not be older th	10 - 25 lac O 25 lac - 1 cr O 1 cr - 5 an 1 year)	5 cr O 5 cr - 10 cr O > 10 cr					
Guardian/ Contact Person if Non- Individual Applicant (Section IV)	Please tick, if applicable, O <b>Politically Exposed Person (PEP)</b> *I declare that the information is to the best of my knowledge ar Co. Ltd. immediately in case there is any change in the above info	nd belief, accurate and complete. I agr							
	Name	PAN Count	ry of Birth Nationality	Tax Reference Number (for NRI)					
Power of Attorney (PoA) Holder (Section V)	Gross Annual Income Details in INR (please tick): O < 1 lac or Net-worth as on (date) DD MR.  Please tick, if applicable, O Politically Exposed Person (PEP) I all declare that the information is to the best of my knowledge ar Co. Ltd. immediately in case there is any change in the above info	(should not be older th  ☐ YES ☐ NO ○ Related to a Polition  Industrial belief, accurate and complete. I agr	cally Exposed Person (PEP)* O Not appli	cable					
- — —									
<u> </u>	20 kotak <sup>®</sup>	(To be filled by Applica	nt)						

To be filled by Applicant)

An application for allotment of units in the following scheme:

Investment Details

Received from:

No.

Dated DD / MM / YYYY Rs.

Bank & Branch

Please retain this silp, duly acknowledged by the Official Collection Center till you receive your Account Statement

(To be filled by Applicant)

Appl. CA

Investment Details

Plan

Option

Official Acceptance
Point Stamp & Sign

Address for Communication full diddess Mandatory)    Part   Part		Address for Communication	(Full Address Mandatory)		Overse	as Address (M	andatory for N	RI/ FII Annlicants)				
Start Actions    Start Actions			•		Overse	•		KI/ TII Applicants)				
The place of the p												
With render you factor that if the details form-indeed above are true if covers to the less of my knowledge, and undertake built from Young Angers, the present immediately, and Washington the case of the continued death of my common and shown in the MAM. Prosecome and build in the More common and the Common of the Common	ils of nt			City/ Tow	n			ate				
With render you factor that if the details form-indeed above are true if covers to the less of my knowledge, and undertake built from Young Angers, the present immediately, and Washington the case of the continued death of my common and shown in the MAM. Prosecome and build in the More common and the Common of the Common	Deta pplica VI)	,										
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With render you factor that if the details form-indeed above are true if covers to the less of my knowledge, and undertake built from Young Angers, the present immediately, and Washington the case of the continued death of my common and shown in the MAM. Prosecome and build in the More common and the Common of the Common	orres							· · · · · · · · · · · · · · · · · · ·				
Weapprove the usage of these contact details for any communication with XMAME. Please note all kinds of inventor communication. Trainsaction information. Statement of Account, Annual Report and forther inventor wheap provide their entail address.  FACCA & CRS INFORMATION [Please tick (**)], for Individuals (Mandatory). Non Individual investors & HUE should mandatorily fill separate FATCA detail form.  The below information is required for all applicant(s)/guardian   Business   Registered Office (for address mentioned in form/existing address appearing in Folio)    ## Report of Pack   Residential   Business   Registered Office (for address mentioned in form/existing address appearing in Folio)    ## Report of Residential   Business   Registered Office (for address mentioned in form/existing address appearing in Folio)    ## Report of Residential   Residential	Ö	· · · · · · · · · · · · · · · · · · ·										
The below information is required for all applicant(s)/guardiam   Business   Begistered Office (for address mentioned in form/existing address appearing in Folio)		I/we approve the usage of these contact de	tails for any communication with	KMAMC. Please not	te all kinds of in	vestor commu	inication, Trans	action Information, Statement of				
Address type:   Residential   Business   Registered Office (for address mentioned in form/colsting address appearing in Folio) is the applicant/by fellowing information [Mandatory]  Rese indicate all countries in which you are resident for tax purpose and the associated Tax Reference Numbers below.  Category   First Applicant/ Minor   Second Applicant/ Guardian   Third Applicant    Placed City of Birth	FATCA 8	cRS INFORMATION [Please tick (✓)], fo	r Individuals (Mandatory). No	n Individual inves	tors & HUF sh	ould mandat	orily fill sepa	rate FATCA detail form.				
Place City of Birth  Country of Tax Residency – 1**  Tax Payer Ref. ID No. – 1  Tax Identification Type – 2 [TIN or Other, please specify]  Country of Tax Residency – 2**  Tax Payer Ref. ID No. – 2^  Tax Identification Type – 2 [TIN or Other, please specify]  Country of Tax Residency – 2**  Tax Payer Ref. ID No. – 3^  Tax Identification Type – 3 [TIN or Other, please specify]  **To also include USA, where the individual is a citizen/ green card holder of USA, ^ In case Tax Identification Number is not available, kindly provide its functional equivalent.  **To also include USA, where the individual is a citizen/ green card holder of USA, ^ In case Tax Identification Number is not available, kindly provide its functional equivalent.  **To also include USA, where the individual is a citizen/ green card holder of USA, ^ In case Tax Identification Number is not available, kindly provide its functional equivalent.  **To also include USA, where the individual is a citizen/ green card holder of USA, ^ In case Tax Identification Number is not available, kindly provide its functional equivalent.  **To also include USA, where the individual is a citizen/ green card holder of USA, ^ In case Tax Identification Number is not available, kindly provide its functional equivalent.  **DETAILS OF NOMINEE**    Please sick any of the following: Proof of Identity:   PlN	Address Is the ap If Yes, Ple	Type:   Residential  Busine oplicant(s) / guardian's Country of Birth was provide the following information [Mai	ss	x Residency other	than India?	☐ Yes		ring in Folio)				
Country of Tax Residency – 1**  Tax Payer Ref. ID No. – 1  Tax Identification Type – 2 [TIN or Other, please specify]  Country of Tax Residency – 2**  Tax Payer Ref. ID No. – 2^  Tax Identification Type – 2 [TIN or Other, please specify]  Country of Tax Residency – 3**  Tax Payer Ref. ID No. – 3^  Tax Identification Type – 3 [TIN or Other, please specify]  **To also include USA, where the individual is a citizen/ green card holder of USA. ^ In case Tax Identification Number is not available, kindly provide its functional equivalent.  **To also include USA, where the individual is a citizen/ green card holder of USA. ^ In case Tax Identification Number is not available, kindly provide its functional equivalent.  **To also include USA, where the individual is a citizen/ green card holder of USA. ^ In case Tax Identification Number is not available, kindly provide its functional equivalent.  **To also include USA, where the individual is a citizen/ green card holder of USA. ^ In case Tax Identification Number is not available, kindly provide its functional equivalent.  **To also include USA, where the individual is a citizen/ green card holder of USA. ^ In case Tax Identification Number is not available, kindly provide its functional equivalent.  **To also include USA, where the individual is a citizen/ green card holder of USA. ^ In case Tax Identification Number is not available, kindly provide its functional equivalent.  **To also include USA, where the individual is a citizen/ green card holder of USA. ^ In case Tax Identification Number is not available, kindly provide its functional equivalent.  **To also include USA, where the individual is a citizen/ green card holder of USA. ^ In case Tax Identification Number is not available, kindly provide its functional equivalent.  **To also include USA, where the individual is a citizen/ green card holder is not available, and in the Number is not available, kindly provide its functional equivalent.  **To also include USA, where the individual is a citizen/ green ca	Categor	у	First Applican	nt/ Minor	Second A	Applicant/ Gu	uardian	Third Applicant				
Country of Tax Residency – 1**  Tax Payer Ref. ID No. – 1^  Tax Identification Type – 1 (TIN or Other, please specify)  Country of Tax Residency – 2**  Tax Identification Type – 2 (TIN or Other, please specify)  Country of Tax Residency – 3**  Tax Payer Ref. ID No. – 2^  Tax Identification Type – 3 (TIN or Other, please specify)  Country of Tax Residency – 3**  Tax Payer Ref. ID No. – 3^  Tax Identification Type – 3 (TIN or Other, please specify)  **To also include USA, where the individual is a citizen/ green card holder of USA. ^ In case Tax Identification Number is not available, kindly provide its functional equivalent.  **To also include USA, where the individual is a citizen/ green card holder of USA. ^ In case Tax Identification Number is not available, kindly provide its functional equivalent.  **To also include USA, where the individual is a citizen/ green card holder of USA. ^ In case Tax Identification Number is not available, kindly provide its functional equivalent.  **To also include USA, where the individual is a citizen/ green card holder of USA. ^ In case Tax Identification Number is not available, kindly provide its functional equivalent.  **To also include USA, where the individual is a citizen/ green card holder of USA. ^ In case Tax Identification Number is not available, kindly provide its functional equivalent.  **To also include USA, where the individual is a citizen/ green card holder of USA. ^ In case Tax Identification Number is not available, kindly provide its functional equivalent.  **To also include USA, where the individual is a citizen/ green card holder of USA. ^ In case Tax Identification Number is not available, kindly provide its functional equivalent.  **To also include USA, where the individual is a citizen/ green card holder of USA. ^ In case Tax Identification Number is not available, kindly provide its functional equivalent.  **Details OF NoMINEE Please tick any of the following: Proof of Identity: DRA Address of Nominee advantage in the Address of Nominee advantage in	Place/ Cit	ty of Birth										
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Country of Tax Residency - 3***  Tax Payer Ref. ID No 3^  Tax Identification Type - 3 [TIN or Other, please specify]  * To also include USA, where the individual is a citizen/ green card holder of USA. ^ In case Tax Identification Number is not available, kindly provide its functional equivalent.  **If In a last include USA, where the individual is a citizen/ green card holder of USA. ^ In case Tax Identification Number is not available, kindly provide its functional equivalent.  **If In a last include USA, where the individual is a citizen/ green card holder of USA. ^ In case Tax Identification Number is not available, kindly provide its functional equivalent.  **If In a last include USA, where the individual is a citizen/ green card holder of USA. ^ In case Tax Identification Number is not available, kindly provide its functional equivalent.  **If In a last include USA, where the individual is a citizen/ green card holder of USA. ^ In case Tax Identification Number is not available, kindly provide its functional equivalent.  **If In a last include USA, where the individual is a citizen/ green card holder of USA. ^ In case Tax Identification Number is not available, kindly provide its functional equivalent.  **If In a last include USA, where the individual is a citizen/ green card holder sundantened in the last include its functional equivalent.  **If In a last include USA, where the individual is a citizen/ green card holder is a function Number is not available, kindly provide its functional equivalent.  **If In a last include USA, where the individual is a citizen/ green card holder is functional equivalent.  **If In a last include USA, where the individual is a citizen/ green card holder is a function Number is not available, kindly provide its functional equivalent.  **If In a last include USA, where the individual is a citizen/ green card holder is functional equivalent.  **If In a last include USA, where the individual is a citizen/ green card holder is functional equivalent.  **If In a last include	Tax Payer	Ref. ID No. – 2^										
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the undermentioned Nominee to receive the Units to my/our credit in Folio No./Application No	** To also	include USA, where the individual is a citi:	zen/ green card holder of USA. /	^ In case Tax Identif	ication Numbe	er is not availa	ble, kindly pr	ovide its functional equivalent.				
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Name & Address of Nominee    Name & Address of Nominee   Relationship   Proof of Identity   % Share   Signature Of Nominee		and settlements made to such Nominee and sig	nature of the Nominee acknowledgir	ng receipt thereof, sha	ll be a valid discha	arge by the AM	C/Mutual Fund	Trustee.				
DETAILS OF GUARDIAN (to be furnished in case Nominee is a minor)    Name & Address of Guardian   PAN   Relationship with Minor   Signature Of Guardian		<b>DETAILS OF NOMINEE</b> Please tick any	of the following: Proof of Identity:	□ PAN □ Aadhaar	□ Date of Bir	th 🛮 Others _		,				
competent authority, based on the value of assets held in the mutual fund folio.  POA holder cannot nominate. Hence, sole/ all joint holder applicants must sign.  First/ Sole Unitholder: Signature  Unitholder 2: Signature  Unitholder 3: Signature	<u>2</u>	Name & Address	of Nominee	Relationship	Proof c	f Identity	% Share	Signature Of Nominee				
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### KOTAK MAHINDRA MUTUAL FUND

6th Floor, Kotak Infinity, Building No. 21,Infinity Park, Off. Western Express Highway, Gen.A.K. Vaidya Marg, Malad (E), Mumbai - 400 097.

**1800 309 1490 (Toll-free), 044-4022 9101** 

mutual@kotak.com @ www.kotakmf.com/

### **Computer Age Management Services Ltd.**

No 178/10, Kodambakkam High Road, Ground Floor, Opp. Hotel Palmgrove, Nungambakkam, Chennai - 600034.

**2** 044 6110 4034

enq\_k@camsonline.com 🎡 www.camsonline.com

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○ NRE	○ NRO ○ FCNR ○ Others														
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Dedaration and Signatures (Section XI)	We hereby declare that I/We are authorised to make this inv does not involve and is not designed for the purpose of any contained to the purpose of any contai	ontrave laws er to my/o this inv on (in t mmend and to t procee my/our nation i	ention or evasion of acated by the Governour Investment Adversement.  The form of trail conded to me/us.  The best of my knowneds: I/We confirm to the NRE/FCNR Accourrequirements of this that I/We have read	any Act, nment o' isor and / nmission /ledge an hat I am/ nt. s Form (red d and und	Rules, R f India f f or my l or any c d belief we are ad alon derstoo	Regulations, from time to bank(s) / Ko other mode; fit is true, co Non-Reside ng with FATC A different the FATC A blicant	, Notification time. I / We tak Mahindr ) payable to sorrect, and coent(s) of India	s or Direct hereby au a Mutual the distrib implete. an National tructions) is and Cor	ions of thorise Fund's buttor for allity / Or and her iditions	the provisions of Inconcotate Mahindra Mutivank(s). I /We have ne the different compet igin and that I/We have by confirm that the incomplete in the confirmation in t	me Tax Act, Anti ual Fund, its Inve ither received n ting Schemes of tive remitted fun information proves asme. (Refer gi	ti Money restment nor been f various nds from wided by guideline			
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list	Document		Companies	Trusts	Soci	eties Pa	artnership Firms	NRIs/ PIOs	FIS	Investments thro Constituted Attor					
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	2. List of Authorised Signatories with Specimen Signatu     3. Memorandum & Articles of Association	re(s)	✓ ✓	<b>√</b>	· ·	<u> </u>	✓		<b>√</b>	✓	—				
	4. Trust Deed			✓											
	5. Bye-Laws				٧	/									
	6. Partnership Deed						✓								
	7. Notarised Power of Attorney	L . C								✓					
	Account Debit / Foreigin inward Remittance Certification     remitting Bank	te from	1					✓	✓						

All documents in 1 to 8 above should be originals / true copies certified by the Director / Trustee / Company Secretary / Authorised Signatory / Notary Public